31	CHEDULE B (FEC Form 3X)	Use separate schedul	e(s)	_		NUMBER:				PAGE 509 / 535			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa	ne	(cn	eck only 21b 27	22 28a		23 28b		24 28c		25 29	2 3
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam												
\(\)	NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE CC							JIIS 11	OIII St		Omm		
<u></u>	Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA					Transaction ID: SB23.136179 Date of Disbursement							
	Mailing Address 555 Capitol Mall Suite 1425				0 ^M 9	M /	D 2	24	/ Y	ž	o ŏ 9	Υ	
	City Sacramento	State Zip Code CA 95814-00	000			Amou	int of	Each	Disb	urser		this P	eriod
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